Interview with CAPT George S. Harris, MSC, USN (Ret.), former commanding officer of B Medical Company of the 1st Medical Battalion in Vietnam, 1966. Conducted by Jan K. Herman, Historian of the Navy Medical Department, Bureau of Medicine and Surgery, Washington, DC, 14 January 2004.

Where are you from originally?

I grew up in a town called Miami, OK. It's spelled like Miami, FL, but they call it Miama. It's an Indian name. I lived there until I joined the Navy on the 30th of August 1951.

Why did you decide to join the Navy?

There was a big flood in my hometown in 1951. My father, brother, and I rebuilt our house. While we were working on it, my father and I got into an argument and I misunderstood him. He said, "If you can find a better place to live, do it."

So I joined the Navy the next day. I went to the recruiter and said, "I've got some buddies leaving to go to Kansas City tonight. If I can be on the bus with them I'll join the Navy. Otherwise I'm going to join the Air Force."

He said, "Well, maybe we can work something out." He told me to go to the police station and get a record check and go to the high school and get a copy of my diploma, and all that sort of stuff. And I did all that. I signed all the papers; I was 18. I went home that day and told my mom. I said, "Dad told me to find someplace else to live so I found a place where I get three square meals a day and $75 a month."

"What have you done?"

"Well, I joined the Navy."

"You can't do that."

"Yes, I can. I'm old enough to join the Navy."

So, off I went.

How old were you?

Just 18. I was going to go to college. I wanted to be a physician. I was going to go to premed that fall. Anyway, I didn't find out till 4 years later. I had reenlisted and come home on leave. My dad and I got to talking about what happened. He said, "You fool. What I meant was that if you could find a place for all of us to live . . ."

I said, "Thanks Dad, I just reenlisted for 6 years."

That's how I got in. I reenlisted in 1955. I was a second class.

Where did you go to boot camp?

I went to boot camp at San Diego. That's an interesting story. I applied for NROTC and they pulled all the applicants out. I was in my eighth week of boot camp. Boot camp at that time was 11 weeks. They pulled me out of boot camp and they put all of us in a NROTC prep company, they called it. We studied all kinds of stuff to take the NROTC exam. Obviously, I didn't make it right away. I was in that company for 8 weeks. I came back and still had 3 weeks of boot camp left. They told me I still had to finish boot camp. I went for 2 more weeks of boot camp and now it's close to Christmas. They said, "Okay, we're going to close down for Christmas. All of you are going to go home on Christmas leave instead of going to recruit leave when you finish training.

So, I went home for Christmas for 2 weeks, went back, and still had a week of boot camp left. I finally finished boot camp in January of '52, then went to Corps school in San Diego.

Corps school then was 22 weeks, I think. Then I went to Oakland for my first duty station. Then I went to the Naval Dispensary, San Francisco at 50 Fell Street. From there I went to Korea. When the division rotated back, I came back to Camp Pendleton.

And then I reenlisted in '55 as a second class. Three months later, I made first class. We had chiefs in '55 with one hash mark. And we had first class petty officers running around with no hash marks.

So there was some upward mobility then.

Yes. They used to give two exams a year for everybody but chiefs. Chiefs took the exam once a year. In the fall of '54, they didn't give a first class test and they didn't give a chief's test. So there were a lot of openings come '55. So, bam, a lot of guys made first class. I made first class in 4 years and 3 months. I reenlisted in August and made first class in November.

I was working with another first class by the name of H.J. Smith. He was doing all this studying and working and stuff. I was working in medical supply. I said, "H.J., what are you doing?"

He said, "I'm studying for the Medical Service Corps exam."

"What's that?"

So he told me about it. He was a medical administrative technician. That year--'55--was the last class of the school at NSHS [Naval School of Health Sciences] Bethesda. They used to run that school at Bethesda, along with the officer indoctrination course. They had moved the MAT school down to Portsmouth. So I planned to go to MAT school and I wound up in Portsmouth. Everyone said that that was the pathway to get to be an MSC. MAT school was 9 months long at that time.

What kind of course was it?

It was all on administration. You studied personnel administration, hospital administration, finance, supply, food service. You did all that for an academic year. Then, while you were there, you got the opportunity, if you were in the right age bracket, to apply to take the Medical Service Corps exam. So I took the exam but didn't make it. I only had 5 years in the Navy. My wife was in the hospital expecting a baby. And the baby was going to be a preemie, and I had two other kids to take care of. So there were a lot of things going in my life and I couldn't study.

Then I got transferred back to Oakland again. It was funny. I left Oakland in 1953 as an HN. I made third class while I was at 50 Fell Street at the Naval Dispensary, made second class on the way to Korea, and when I came back to Oakland, I was a first class. This was in 1957. There were some guys who were also back a second time who had been first class petty officers when I was there as an HN. They said, "Why you rate-grabber!"

So, I took the exam again in '58 and didn't make it. I was determined to make chief, warrant, or MSC by the end of my enlistment, which was '61, or I was getting out of the Navy. I didn't have enough multiple to make chief. What that meant was they took your time in service, your awards, and your test score, and added it all together to come up with a multiple. Depending upon what they needed, they would raise or lower that multiple requirement. Even with a perfect exam, I couldn't get a high enough multiple because I didn't have enough time in.

In ‘58, they did away with the warrant program. So I was stuck. Either I’m going to be an MSC or . . . Well, the second time I took the test, I passed it and got screened out at the selection board. In ‘59 I got selected.

So you started as an ensign?

Yes. I went to the hospital at Bremerton for my first tour of duty as an officer. Then I went to Okinawa to the 3rd Marine Division in ‘61. Joe Cassells and I were together. He was a lieutenant and I was a j.g. He was the CO of Charlie Med and I was the administrative officer.

Anyway, we had Charlie Med. Then I came back and went to Field Medical Service School at Pendleton. I was there from ‘62 to ‘65, then went to the 1st Medical Battalion. They were at Pendleton at the time and were getting ready to deploy. We deployed in January of ‘66.

Had you heard much about Vietnam before that or was this a mysterious place over there somewhere?

No. We knew about it at the Field Med School because I ran the medical training platoon. There were two sections there. One was a military training platoon. They trained the corpsmen how to survive in the field. In the medical portion, we taught them how to help other people survive in the field. We taught field dressings, wound mechanics, field sanitation, mess sanitation--those kinds of things. I ran that program and was a lieutenant then.

So we knew about Vietnam because we were getting feedback from guys coming back from there. We had a couple of corpsmen at the Field Med School who had been in Vietnam. Don Hagen came through Field Med School when I was there. We also trained medical officers.

When the 1st Marine Division deployed to Vietnam, I went too.

How did you prepare to deploy to Vietnam?

That’s an interesting question because half my company had already deployed. They had set up a forward element with the 1st Marines. I had just half a company--one clearing platoon in the headquarters and that was it. It had a 30-bed capability. The other 30 beds were gone. As a whole company they were 60-bed units. It was kind of interesting. I was attached to the 5th Marine Regiment out of the 1st Medical Battalion. When I started going through all our gear, I found that we hardly had anything. The other half of the company had taken almost everything with them.

That was almost the end of my career because I had signed for everything without looking in a single box. When we started looking through stuff, it was gone. We were supposed to have 50 Coleman lanterns. There were no Coleman lanterns, just the empty boxes.

The CO of the 5th Marines was a very understanding guy, COL Widdecke. Later on, he became a general. He always looked over all the requisitions and he saw that we were ordering all these lantern parts. I had a lantern factory set up and we were ordering all the parts for Coleman lanterns, building them, and putting them in boxes.

Since I was attached to them, I went to their staff meetings. I was an independent unit just like the recon guys and some of those that were independent units attached to the 5th Marines. After a meeting one day, he said, “Harris. You got a lantern factory going on over there in your warehouse?”

“Oh, no, Colonel, I’m just getting spare parts.”

When you’re getting ready to deploy, they want you to have your basic outfit plus 30 days of operating stocks. Well, what’s 30 days of operating stocks for a medical unit in a combat

zone? I don't know. And there weren't any books written to tell you what it supposed to be. There are all kinds of guides to tell you what 30 days POL (petroleum, oil, and lubricants) should be there. There are requirements for those and you can calculate that. I've got this many 6 by trucks. I've got this many jeeps. I've got this many diesel engines on generators and they burn this much fuel per hour. And I'm going to run them x number of hours a day. Therefore, I've got to have this much fuel. And if I need that much fuel, then I have to have. . . If you've got this many gallons of fuel, you require this many gallons of oil, and this many pounds of lubricants. So you can figure out how many spark plugs you need, spare tires; there are requirements for all that. But there was nothing for medical supplies.

I had a first class OR tech named Sugden. He checked into my company and I asked him, "What do you do, Sugden?"

"Well, I'm an OR tech, sir."

"Well, not now. You're a medical supply guy for this company."

"But, sir, I don't know anything about medical supply."

"I don't care. I want you to run medical supply. You're an OR tech. We do surgery here. You can at least tell me whether or not we're ready to do that because you know what we need in the way of surgical equipment."

And there are lists of the basic equipment you're supposed to have. We had AMALs.

"I'll tell you what I want you to do. Every time you order something for the clinic, you order one to put into operating stock that we're going to take with us. If you order a case of bandages, you order two cases, and put one in the box we're going to take with us."

And that's what we did. We did that for several months before we went.

So, you had a lead time. You knew when you were going.

This was August and we knew that we were going to go sometime after the first of the year in '66. The Marine Corps came out with these 27-cubic-foot wooden boxes--3 x 3 x 3. It was a great idea for packing stuff because they had inserts in them. And then they had a locator system that would tell you . . . If you had a 5-inch curved Kelly hemostat in one of those boxes, and it was in insert number 4, you could look it up and it would say that it was in insert number 4 in this box, in this row of the warehouse. So that's how we packed up all the extra stuff that we brought along.

No one in the medical battalion, either the 3rd Medical Battalion, when I was there, or in the 1st Medical Battalion, followed the Marine Corps procedure for warehousing. They said, "We're different. We pack our stuff differently." But you never could find anything. For years (and perhaps today), medical units had a bastardized system of warehousing AMALs. This system did not match up with anything the Marine Corps was using. I found, by using the Marine Corps Field Warehousing System, we could easily track gear and could located boxes that had items that were dated and we could find boxes that were awaiting items that had been on order.

I sat down and read this manual about field warehousing and said, "Hey, this thing makes sense." So we went back and redid all our stuff. COL Widdeke had told everybody in the regiment and all the units that were attached, "You're going to pack up all your loose ends in these 27-cubic-foot boxes."

I went down to Medical Battalion and told them I needed 50 27-cubic-foot boxes. Nobody had them yet; they had to make them. But I said I wanted the material to build those boxes. And they said I couldn't have it. So I went back to the colonel and told him that my unit

would not give me the boxes. He said, "How many boxes do you need?" I said 50. The next day a low-boy drove up with 50 of these 27-cubic-foot boxes. That's the kind of guy Widdeke was. The engineers had a box factory going.

The end result for us in B Med., 1st Medical Battalion tells the story. When we landed in Okinawa to let our logistics tail catch up, we had everything warehoused in 2 days using only a hand operated pallet jack. COL Widdecke had people come to our warehouse to see "how it was done." When we finally arrived in Vietnam, we got there with everything we started with--in operating condition--with the exception of one mechanic's tool kit, which was stolen on the USS *Talladega* (probably by a sailor!). I don't think any other unit in the 1st Medical Battalion could make that claim.

What was your title at this point?

I was the CO of B Medical Company of the 1st Medical Battalion. At that time, they were letting MSC officers command medical companies. We then loaded aboard USS *Talladega* [APA-208] and went to Okinawa, where we off-loaded. Then the entire battalion, except my company, went ahead and deployed down to Vietnam and they left me attached to 5th Marines.

The 5th Marines were waiting for their logistics tail to catch up with them. We stayed there about another 6 weeks after the 1st Medical Battalion deployed to Vietnam. This was about March of '66. My company got there in late April or early May. In fact, we sailed to Vietnam on the same ship. The *Talladega* had gone down to Vietnam, off-loaded, and came back. And we loaded on the *Talladega* again and went to Vietnam.

Where did you land?

We landed in Chu Lai and off-loaded there. There was a river called the Sam Hai River. We off-loaded our stuff out in the stream aboard mike boats and papa boats. The Seabees had what they called a sand ramp there on the river, and that's where our gear came ashore.

There had been a company in Chu Lai that was part of the 3rd Medical Battalion. They had split the 3rd Medical Battalion up when it deployed to Vietnam. One company went to Chu Lai, one company went up to Phu Bai, and the balance of it went to Danang. When we came in we absorbed the unit that was in Chu Lai. And 3rd Med took a company of our Battalion, which went up to Danang.

I had actually gone to Vietnam from Okinawa once already to determine whether there were any special things I should bring when we deployed there. We needed everything--more instruments and all kinds of supplies.

Well, a very interesting thing happened back at Okinawa. This first class, Sugden, came into the office one day and said, "Boss, I got a call from the Army supply people. They say they've got a bunch of Navy medical gear in a warehouse and they need room in the warehouse. They're just gonna set it all out on the warehouse loading dock in the weather."

So I sent him down there to look at it and see what it was. He went and looked at it and I got a call from him. He said, "Boss, there's a surgical team block and a surgical team resupply block here."

I said, "Good. Load it up. We're gonna repaint it, remark it, and make it part of B Med." And that's exactly what we did. I don't how it got left there. Anyway, it wound up in my hands. It had Navy markings on the boxes so we repainted it number 23 Marine Corps green, put 1st Medical Battalion tack marks on it, and we took it to Vietnam.

After we got there, there was a captain named J.J. McGreavey. He was the division surgeon, and was hell on wheels. He came to the Battalion one day and said, "Harris, what is this? What is this?"

I said, What do you mean, sir?"

He said, "Here's a message from BUMED wanting to know where their surgical team block is. Do you know anything about that block?"

I said, "Yes sir, I do. It's deployed all through the Battalion."

He said, "What do you want me to tell BUMED?"

I said, "That's what I want you to tell them."

He said, "Good, that's the right answer."

And that was the end of it.*

What kind of equipment was in that block?

Enough that would have filled this room from floor to ceiling or more--instruments, dressings, oxygen, anesthesia machines, OR tables.

When we first got to Chu Lai, everything was still in tents. All the wards were in tents. There was a Seabee unit not too far away and the Seabees then got tasked to come build a hospital. At that time, they were building those Southeast Asia huts. They had corrugated tin roofs, the sides were open with screens on them, and they were using Philippine mahogany--luan--to build these things. So that's what this whole camp was. We had four ORs in quonsets with concrete floors. By the time they got everything done, it was about July of '66.

Did 1st Med Bat have four companies like 3rd Med Bat?

Yes. Each one had Alpha, Bravo, Charley, Delta Med.

Were the companies in different locations?

No. They were all in the same place. We stayed together until the end of '66 when the Division started moving north. 3rd Medical Battalion moved north around Dong Ha. And we moved into Danang. I left about that time. It was January of '67.

Down the road from us was 1st Hospital Company. There's a guy named Jon Sparks. He's a retired lieutenant commander. 1st Hospital Company had been at Twentynine Palms. It was a hundred-bed facility. They got orders to Vietnam and, when they landed, he went up to check in, and they said, "Who are you?"

He said, "I'm 1st Hospital Company."

"We don't know anything about you being here. Find a piece of real estate, park on it, and don't call us, we'll call you."

So they parked down by the sand ramp, put up their tents. . .

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*__Comments added by CAPT Harris:__ When we arrived in Vietnam, we also had the Surgical Team Block and Resupply Block we had purloined from the Army warehouse. We also had all the vehicle spare parts we were entitled to along with 30 days of "operating stock" for our company. As I mentioned, we built up this supply by doubling the order for everything we used in our clinic at Camp Pendleton. Half went to the clinic, half went to be packed to take with us to Vietnam. Was it really 30 days worth? I don't know because we collected stuff for several weeks before we left the States. It was probably more.

What did they have?

They would have had a hundred-bed hospital with four or six ORs.

How were they connected with your outfit?

They weren't. They were part of what then was called Force Troops, which was tanks, artillery and reconnaissance. They were supposed to support those units and us. In a World War II or Korean War scenario, you would have gone from the front line to battalion aid station to one of these companies that supported a regiment, back to hospital company. That would have been the order that you would have gone in.

Well, all of that changed in Vietnam because they didn't do anything that way. They took all of this and put it all together. All the doctors, all the corpsmen, all ran this whole outfit. I was the patient affairs officer. So all the patient affairs stuff was mine. The ORs, the admission sorting area--that was all my territory. Other guys ran Medical Supply. Somebody else ran Personnel.

Did your chain of command go through regiment?

No. Once we got to Vietnam, they detached me from the 5th Marines and put me back in 1st Medical Battalion.

Who did you report to?

1st Medical Battalion, a commander named Russ Mitchell. He reported to the CG 1st Marine Division. At that time, the Medical Battalion was a part of the Division. That has changed. Now the medical battalion is a part of the Force Service Support Group. It's now called FSSG. It used to be called FLSG. And the medical battalion moved from the division to the FSSG.

You differed from 3rd Medical Battalion in that all your companies were in one place, whereas the 3rd Medical Battalion had Charlie Company at Danang. . .

No. They had all of their battalion except one company in Danang. When they first got in country the only ones that were there was 3rd Medical Battalion. There was one company at Chu Lai. There were two companies in Danang. There was a company at Phu Bai. They were scattered all over the place. When we got in country, they also consolidated.

Weren't they scattered when Al Wilson was CO?

Part of the time. And then they came back together in '66. He and I first met in Vietnam.

What kind of action were you seeing as far as patients?

Everything. You always had a few patients coming in. Almost every day somebody got banged up or injured from enemy action. You saw the whole gamut from rashes to gunshot to shrapnel wounds to burns.

If there was a major operation going on, we would deploy what we called a shock surgical team. It consisted of an MSC and a couple of docs, and a handful of corpsmen. They would set up in whatever logistics support area there was for whatever operation was going to be

going on. They would become like a big battalion aid station. They would see patients and then evac them to us.

Battalion aid stations weren't really used in Vietnam at all. In fact, some of the doctors in battalion aid stations worked in the medical battalion.

The whole theory of medical support was the capability to echelon. They went from being called collecting and clearing companies to medical companies back to being collecting and clearing companies. No one understood what collecting and clearing companies meant. That's why we changed it to medical companies and now they've changed them to something else.

I'll call them medical companies because that's the term I'm most comfortable with. In the medical company, you had two platoons that were identical--two x-rays machines, two operating rooms, two medical supply sections, and a headquarters platoon. The idea was that in combat you could hopscotch or leapfrog. One of the platoons would be here and the other one would move forward and set up.

How was the headquarters platoon staffed?

It had part of the motor transport. It had the CO. It had the first sergeant. It wasn't a very big outfit. It was basically an admin group. Each of the other two platoons were 30-bed units. Each one was an identical 30-bed unit. If combat was going on, you could close down 30 beds, move it, set up operation, clear patients out of the other 30 beds, and then move it forward. That was the theory. It may have gotten used in World War II but I don't know if it ever got used in Vietnam. It was all theory. I never saw it happen. It was a good idea, I guess, but it seemed to me that they always operated as a group.

Maybe the reason this all remained theoretical was that Vietnam was a pretty static war. There were no fronts. Instead, they went out on search and destroy operations.

Everybody set up cantonments and then went out, operated, and then came back. You might have a whole battalion out at one time. There wasn't any way, then, to have this typical echelon kind of arrangement.

What about helicopters?

And, of course, the biggest thing was helicopters. We started with helicopters in Korea. By the time we got to Vietnam, a guy would get hit and 20 minutes later, he'd be at the medical battalion, even though we never had any dedicated helicopters. They were available on a catch as catch can basis. Hueys and 46s are what we had. Later on, toward the end of '66, they would have a helicopter dedicated. This was unlike the Army which had whole companies of helicopter ambulances. The Marine theory was: an airplane is an airplane is an airplane. A helicopter is a helicopter is a helicopter. We can't afford to have dust off helicopters, or slicks.

You never called them dust offs, did you?

No. We always asked for an evac bird. If we had to move a casualty out to the *Sanctuary* or the *Repose*, we would call MAG-36 and MAG-36 would send a helo. MAG-36 was cheek by jowl with us. They would fly a helicopter over and land on our pad. Then we'd load the casualty and they'd take him out to the hospital ship.

Did you ever have problems getting those helos?

Yes. The biggest problem was urgency. It was very difficult getting the Marine helicopter drivers and the dispatchers over at MAG to understand that the medical battalion could have an urgent requirement just like they could have one out on the battlefield. If we had a guy with a head wound, for example, we wanted to get him out to a hospital ship where he could have a neurosurgeon. It just never made sense to them, or so it seemed while I was there, how we could say, "We've got an urgent request to move a guy from here to the hospital ship."

"Well, we'll get you a bird as quickly as we can."

"You don't understand. This guy's life is in the balance here."

The worst thing about not having dedicated helicopters was making somebody understand that you could have a requirement that was just as urgent as when they had someone out in a rifle company calling in and saying "I've got a casualty out here that needs to get evaced.

Not many casualties in Vietnam moved very far by ground. They all moved by air, as much as they could. You might move them a mile or less by ground, but most of the time you were in places where the ground was not friendly to motor transport. You were out in the jungle someplace.

You talked earlier about a guy with a head wound. Let's say you had to get him out to the hospital ship and he needed evac. You didn't have a dedicated helo so you had to call the MAG. Were you able to call the MAG directly?

We went to their operations office and asked for a helicopter. If the *Repose* was up at Danang, they would fly people out there or to the G-4 hospital at NSA Danang. The days the *Repose* was in our area, we'd fly patients out there for consult because we were pretty much limited to surgeons, general medical officers, anesthesiologists, a couple of psychiatrists, one or two clinical psychologists, and some "skeeter-beaters"--preventive medicine guys.

What about communications? Did you have problems with that?

Telephone communications were terrible. We had field telephones so we'd have to go through a switchboard. Our call would go first to FLSG. Then from FLSG it would go to Division. From Division the call might go someplace else. Of course, every time the call would get passed along to another switchboard, the chances of dropping that call multiplied exponentially. And they all had call names. "This is Whiskey 2. Give me Foxtrot 1."

I had a kid named Green, who did most of my medevac setups. You would have to give him the next day off because he couldn't talk from shouting on the phone--literally shouting at the top of his voice. He probably could have stood outside with a megaphone.

And we also had lousy radio communications. We had a big radio unit but it was seldom used. We did all our business by land line. We talked to the *Repose* by radio, but as far as talking with the medevac people, that was all by land line.

Did you have supply problems out there?

Yes. Supply was a problem for a long, long time. If a guy ever deserved credit, it was Dick Hodges. They had what they called Red Ball. They painted a red ball on boxes and that meant urgent movement. His supply point was Okinawa. He would be on the telephone, which often was very hard to do, or on the radio, or by message, talking to Okinawa to get medical supplies. He would get stuff red-balled to his unit so we could get supplied. Do you know what Heimlich Valves are? There was a doctor who'd call a friend of his in the States on the MARS

radio station and tell him that he needed some Heimlich Valves. So the guy boxed them up and mailed them to him.

Fresh blood was always a problem. You would get blood and it might be good for a week. This was before we had frozen blood. FLSG Bravo was a huge organization, maybe a thousand people. They became our walking blood bank. We had people typed and cross matched ahead of time.

Warm running water was also an issue for guys to scrub. We finally got it but it took awhile. For a long time we just had the water in the water buffaloes. Then the Seabees finally came in and drilled a well and put up a water tower so we could have water under pressure. We put some water heaters in so we finally got warm water for the surgeons to wash their hands.

What about showers for troops.

You could go over to the FLSG and take a shower. We finally got showers.

Medical oxygen was a problem. There was a big airfield nearby and we went over there and got oxygen from them.

So it was aviation oxygen.

That was the big argument for a long time. "Well it's not medical oxygen."

"What do you mean it's not medical oxygen? The aviators are breathing the stuff. It's good enough for them; it ought to be good enough for us."

So, we finally got hooked up with their LOX plant. Now, they have oxygen generators but we didn't have them back then.

What about x-ray machines? Were they a problem?

It was always a problem in that they were not very powerful units. And we were still using a wet process for film. You had to go through all the developing, and it was always a nightmare. It was all hand processing. Getting good resolution on the films and getting them in a timely way was always a problem. You might have 60 casualties stacked up. Maybe 20, or a third of them, had to go in for major surgery. You've got four operating rooms, and if you have everybody up and going, you might be doing four patients. It might take you an hour to do a patient. Then the docs would have to change gowns and scrub up again. Then they'd have to slosh out the OR and set up for another patient.

And there were more patients stacked up. The first few patients were always a problem because x-ray was a bottleneck. To go from the admissions-sorting area to the operating room, you had to go through x-ray. Not everybody went through x-ray, but most did. Anybody with major holes who was going into the OR needed at least one or two pictures. You might get a PA and a lateral maybe. X-ray was always a slow point.

A lot of the casualties went into our debridement area. We had a surgeon, CDR Ray Ashworth. Ray was a hand surgeon and this was his second tour in Vietnam. He had been in Vietnam when Tom Dooley was there. He had gotten out of the Navy but then volunteered to come back in. He was our triage officer. Ray would triage everybody. Then, Ken Ponder, a dentist, and myself, and a couple of operating technicians--first classes--used to do all the debridements. Ray would circulate, and if we ran into a problem with a bleeder that we couldn't get under control, he would come over, put a pair of gloves on, and fix the bleeder.

So you were doing debridements too?

I had a really good crew of guys who worked for me in Patient Affairs. We'd get that operation up and going for admitting new patients and then I didn't have anything to do. And I was always a frustrated physician. So I'd go over and help out. The first couple of times, Ashworth watched me. You debrided the wound, packed it with iodoform gauze or put a Penrose drain in it, and maybe put one stitch through the drain to hold it in place and then left the wound open. Then you covered it with gauze pads and wrapped it up.

These were all minor wounds. You might get a guy in with 20 little pieces of shrapnel, anything from the size of a match head up to something less than a quarter of an inch, but usually not very deep.

So why put them in the OR and take up valuable space and the skills of a surgeon?

Yes. It so happened that Ponder and I lived in the same hut. We just kind of buddied up and began doing this. We did a lot of people. It was kind of neat, I thought. I'd been a corpsman and knew how to do this stuff.

How did you check a patient in?

They would come in with a field medical tag on him. So that provided the basic information. You had the guy's name, what unit he was in. Sometimes a patient came in without a tag. I remember one time a truck-load of guys--maybe a dozen--came in. They had been riding a truck when someone set off a command detonated mine which blew up the truck. A number of them were killed and there were a lot of wounded. Another truck came along right behind them and picked them all up, threw them on the truck, and brought them in to us. So then we had to rely on dogtags. Hopefully, they had their dogtags on.

And then you'd open up a medical record on each patient just like you'd do today, except we had a different starting mechanism--the field medical tag. And when he left, that record went with him when he was evaced out.

We didn't keep guys very long. I think we might have had a 15-day evac policy. If you couldn't get a guy back to duty in 15 days, he went out, either to the hospital ship, Danang, the Philippines, Okinawa, or Japan.

Then that medical record would follow him to wherever he was next sent?

Yes.

Let's say the man returned to his unit. What happened to the medical record?

I don't know.

No one has ever been able to answer that question.

No. As a matter of fact, several years ago, Charlie Roper, who was XO of the Battalion, called me one day and said, "George, what happened to all the copies of medical records of the guys who were returned to duty?" I have no idea what happened to them. There was a card called the F Card--a patient card. Those got typed up and were submitted to BUMED. If the patient went back to duty, it would say "Returned to duty." But if he got it back, it was up to the next place to type up an F-Card. So it would be pretty easy for records to get lost. That just happened. Today, it so much different. We have copying machines so you make a copy and keep one and give the other to the patient. This one goes in the other record. Then, all we had was carbon paper, and carbon paper in a place like Vietnam was just awful. The air was so wet

all the time that duplications were useless. And we had handwritten charts just like in the hospital. And we didn't have time to do discharge summaries.

Do you remember a particular incident when the Marines were out on an operation which generated many, many casualties.

It's difficult to remember the names of the operations but it seems like all during the summer and fall, we were busy. Whenever the Marines had an operation, we were busy. You'd know something was coming up because you'd send one of the shock surgical teams out to where the action would be. And we'd get ready for casualties.[**]

You'd go for days with hardly anybody. And then it would just become complete chaos. We had a few casualties all the time, but then there would be periods where we would get anywhere from 25 to perhaps 65 casualties in a few hours. During the busy times everyone turned to in order to get the job done and long hours were the order of the day, particularly for the folks in surgery. This made triage very important since the effort was aimed at screening out those who did not have to go to the operating room to be cared for. This triage resulted in leaving folks to the ministrations of those of us who did the minor debridements. Things get done in wartime that you would never see in our brick and mortar hospitals because of "credentialing." "Credentials" in Vietnam consisted of a willingness to work and the ability to learn along with the oversight of more talented folks.

In addition, there would be the dead coming in, and someone had to pronounce them. There were people trying to identify who they were. If they didn't have any tag on them, hopefully, somebody from their battalion or their company would come back and be able to help identify them.

Did you ever get so many casualties that you had to farm them out to the hospital ship or one of the other battalions?

I can't say that for sure. When I was in Vietnam, there was only one hospital ship--the *Repose*. The *Repose* moved back and forth between Danang and Chu Lai and the Philippines. They came near our place about 3 days a week, something like that. The rest of the time you didn't have them. If you got bogged down, that was it. Sometimes, if we got a lot of casualties and it looked like we would really be hard pressed, we would empty out the wards as much as we could. We'd call the Air Force and set up a medevac for maybe 25 or 30 patients. Then they

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[**]**Comments added by CAPT Harris:** The most demanding operation was "Operation Hastings/Deckhouse II," in the summer of 1966 (7 July-3 August 1966). Some 448 Marines were wounded and another 126 killed. There were many small unit operations that resulted in casualties, but Hastings was by far the worst. I believe it was this operation that resulted in us having to transfer our battalion S-3, then CAPT Herb Seay, USMC, to a Marine line unit. Herb eventually retired from the Marines as a colonel. "Operation Starlight" (18-21 August 1965) was also known as the Battle of Chu Lai where 1st Medical Battalion was located. The battle was not in our immediate area, but the casualties came to us.

"Operation Colorado/Lien Ket 52" (6-21 August 1966) was another busy time.

would be transported to a fixed wing air group and be flown out to Clark to make room for new guys. We'd be doing that while fresh casualties were already coming in.

Was 1st Medical Battalion at all involved with MEDCAPs?

The Medical Civil Action program. Yes. We ran MEDCAPs. There was a little town not too far from us on this river. We would go out there and hold MEDCAPs. It was interesting. I went out with them one time because there was a plague outbreak in the village. We went to the village to give plague vaccine. It was funny. People would get a shot, leave and you'd see them getting back in line. They figured if one is good, two has gotta be better.

If the Vietcong were in the area, they would tell us, "Don't come today." So we wouldn't go. There was a young woman who worked there who was a Vietnamese nurse. We would coordinate with her. We did checkups and other care. People would come in who had walked for 2 days because they knew we were going to be there. I think we went 1 day a week. People would walk for miles and miles to come and be seen.

I'm sure that if people from far away knew you were coming, I presume the VC also knew you were coming.

They probably did. Who knows how many VC we treated?

What did you do about MEDCAPs when operations were going on in the area?

The MEDCAPs were scheduled, usually once a week on such and such a day. However, we didn't do MEDCAPs when there was a big operation going on.

About the specialties represented in the battalion. You say you had a couple of psychiatrists.

Yes. A guy named York was one of them. We also had a couple of clinical psychologists, a guy named George Fry.

What about a neurosurgeon?

No. We didn't have the capability. If we got a head injury, they might may a bur hole to relieve pressure, but we didn't really mess with heads. They went to the hospital ship or, if they were stable enough, they went to Clark.

How long were you in Vietnam?

About 8 months.

What did you do after that?

I had orders to go to Naval Hospital Camp Lejeune to be the operating services officer--laundry and all that. I had a wife and six kids and didn't want to move all the way back east. About that time, I got a letter from Joe Fythe which said, "If you have not made any plans to go to Camp Lejeune, would you be interested in going to the Naval Weapons Center at China Lake?" The time I got that letter was monsoon season in Vietnam. When I graduated from Hospital Corps school in 1952, we flew from North Island to Alameda on a Navy plane and stopped in China Lake. This was in June. June in China Lake you can fry an egg on the sidewalk. All I could remember about China Lake was that it was hot and dry. I sent a letter

back to Fythe and said, "Have made no plans to go to Lejeune; be more than glad to go to China Lake." So that's where I went for about a year and a half.

Then I went to Marine Corps Command and Staff College. I was the first MSC officer to go in 1968 and '69. I then did a tour at the Development Center there, and then went to the base dispensary there, and then went to be CO of 3rd Medical Battalion on Okinawa.

I then came back to the Development Center and did another tour there before going to Headquarters Marine Corps. I then worked for Al Wilson when he was at HSETC [Health Sciences Education and Training Command], then came back downtown with him when he became the first flag medical officer of the Marine Corps.

I then went to ICAF [Industrial College of the Armed Forces], then to NSHS for a year. I had met [James] Zimble and then he went down to LANTFLT, then came up to ASD Health Affairs. He called me and said, "Pack your bags; you're coming to the Pentagon."

He was going to get out of the Navy. His parents were profoundly deaf and mute. His father was dead; his mother was in a nursing home. He was going to get out of the Navy and submitted his letter to get out. John Lehman was still SECNAV at that time and it looked like [RADM] Lew Mantell was going to be the Surgeon General. He was Lehman's pick. Well Lehman left and Jim Webb came in. GEN [Robert] Barrow [Marine Corps Commandant] had called Webb and said, "I think you ought to make Dr. Zimble the Surgeon General."

I always listened in on the conversations. Barrow called Zimble. We were still in Health Affairs at the time. "Dr. Zimble." He never called him Admiral Zimble. "Dr. Zimble, this is General Barrow. I think you ought to withdraw your letter of retirement." And Zimble is standing at attention at his desk. "Yes sir, general. Yes sir. I'll take care of that general." And he hung up the phone and said, "Get BUPERS on the line for me." He calls Mike Boorda. "Mike, I want to withdraw my letter."

It seems that Barrow had called Webb and said that Zimble should be the Surgeon General. That's how it happened.

And you were a witness.

I heard the whole thing. I took a copy of his request for retirement letter, reduced it down, put a red circle around it with a line through it, framed it, and gave it to him. I then was his EA for 2 years.

After that, I went NSHS for a year and retired from there on 1 July 1990.

What have you been doing since?

I worked a year as a contractor for the Army running an ambulatory care clinic in Woodbridge, VA. Then I got a call from Zimble. He said, "I'm going to be the new president of the Uniformed Services University. Pack your bag; you're coming to the University.

What was your title there?

I was Vice President for Executive Affairs. I stayed there for 7 years and retired in 1998. Now I work as a hospice volunteer and also sit on a couple of boards for Prince William County, VA. I live in Manassas.

Any parting thoughts of the time you spent in Vietnam?

When I think about Vietnam, I try to remember the good things. There were some good times, too. But what has stayed with me all these years are the sights and sounds associated with

the wounded, the dying, and the dead. And then there are the smells associated with all of that. The smell of blood, the smell of someone's body being opened, either because you opened it or because it was opened as a result of a wound or being blown up. Or the smell of burned flesh. It's been 38 years since I was in Vietnam, and those things have never gone away. I've been to the Wall twice since it was put up, once because I got dragged there. I just can't go. It's too personal. I can see those guys. Even though I didn't know them, I can see them. I know who they are.

Thank you for sharing your memories.